Landscape of Plan
Options in
Nebraska
2007



# Medicare Advantage Cost Plans and Demonstrations

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	oes not offer Part D drug coverage.			Monthly					Offers
				Monthly Consolidated					Offers Variable
					Monthly	Ammusl	Device	Tumo of	
			Town of Modices	Premium	Monthly	Annual	Drug	Type of	Drug
	0 1 11 11	DI N	Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
Adams	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Adams	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Adams	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Adams	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	S
Adams	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Adams	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Adams	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00			L		
Adams	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Adams	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Adams	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Adams	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Adams	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Adams	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Antelope	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Antelope	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Antelope	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Antelope	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	5
Antelope	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Antelope	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Antelope	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Antelope	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Antelope	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Antelope	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Antelope	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Antelope	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Antelope	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Arthur	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Arthur	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Arthur	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Arthur	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Arthur	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	5
Arthur	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Arthur	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Arthur	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Arthur	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS*	\$9.00					
Arthur	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Arthur	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Arthur	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Arthur	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Arthur	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Arthur	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Banner	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Banner	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Banner	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Banner	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Banner	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Banner	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0		All Formulary Drugs	
Banner	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		
Banner	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•

			Type of Medicare	Monthly Consolidated Premium (Includes	Monthly Drug	Annual Drug	Drug Benefit	Type of Extra Coverage	Offers Variable Drug Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
Banner	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Banner	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Banner	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Banner	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Banner	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Banner	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Banner	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Banner	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	ψσσ	Ψ.	2		
Banner	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Blaine	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	Ψ20.70	ΨΟ	Emilancea	Contract	
Blaine	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		
Blaine	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Blaine	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Blaine	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	•
Biaine	Blue Cross and Blue Shleid of Nebraska	MedicareBlue PPO Efficienced Plus Rx 3 (R5506-008)	Regional PPO	\$179.70	\$101.20	20	Ennanced	All Formulary Drugs	
Blaine	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Blaine	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Blaine	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
		,							
Blaine	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Blaine	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Blaine	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Blaine	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Blaine	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Blaine	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Blaine	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Blaine	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Boone	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Boone	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Boone	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Boone	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Boone	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Boone	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
		, ,	· ·					, ,	
Boone	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Boone	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Boone	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Page	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00	<del>                                     </del>				
Boone			PFFS *	\$0.00		<b> </b>			
Boone	Sterling Life Insurance Company	Sterling Option I (H5006-011) Sterling Option II (H5006-010)	PFFS *	\$9.00 \$28.70	\$28.70	0400	Falson '		
Boone	Sterling Life Insurance Company	3 - 1 - 1			\$28.70	\$100	Enhanced		•
Boone	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Boone	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Boone	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Boone	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	***		<u> </u>		
Boone	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Box Butte	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00		ļ			
Box Butte	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00		ļ			
Box Butte	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Box Butte	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Box Butte	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Box Butte	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	1

indicates plan do	pes not offer Part D drug coverage.			Monthly					Office
				Monthly Consolidated					Offers Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
Caumbu	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible		Offered in the Gap	7.7
County Box Butte	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Type Enhanced	Offered in the Gap	payments
Box Butte	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Box Butte	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$20.00	\$0.00	\$0	Enhanced		-
Box Bulle	Securenonzons	SecureHorizons MedicareDirect RX Plan 50 (HZ408-001)	PFF5	\$0.00	\$0.00	\$0	Ennanced		•
Box Butte	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Box Butte	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Box Butte	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Box Butte	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Box Butte	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00	4				
Box Butte	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Box Butte	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Box Butte	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Boyd	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	A				
Boyd	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Boyd	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Boyd	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Boyd	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Boyd	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Boyd	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Boyd	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Boyd	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Boyd	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Boyd	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Boyd	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Boyd	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Boyd	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Brown	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Brown	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Brown	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Brown	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Brown	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	,
Brown	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Brown	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Brown	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Brown	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Brown	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Brown	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Brown	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Brown	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Brown	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Brown	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Brown	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Buffalo	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Buffalo	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Buffalo	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Buffalo	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Buffalo	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Buffalo	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	s
Buffalo	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Buffalo	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•

	es not offer Part D drug coverage.								011
				Monthly					Offers
				Consolidated			_		Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Buffalo	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Buffalo	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Buffalo	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Buffalo	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Buffalo	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Buffalo	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Buffalo	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Buffalo	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Buffalo	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Burt	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Burt	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Burt	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Burt	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0		All Formulary Drugs	-
Burt	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		
Burt	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Burt	SecureHorizons	MedicareComplete Plus Plan 1 (H2803-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Burt	SecureHorizons	MedicareComplete Plus Plan 2 (H2803-002)	Local HMO *	\$0.00	ψ0.00	ΨΟ	Lillanceu		•
Burt	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
buit	Seculenolizons	Secure nonzons Medicare Direct RX Plan 52 (n2408-013)		***	\$0.00	Φ0	Ennanceu		•
Burt	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Burt	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Burt	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Burt	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Butler	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Butler	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Butler	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Butler	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Butler	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Butler	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Butler	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Butler	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		
Butler	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Butler	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Butler	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Butler	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Butler	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	4====	4.00			
Butler	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Butler	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Butler	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	ψσ	Ψ.	21111011000		
Butler	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Cass	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	Ψ20.7 0	Ψ.	211110111000	Continue	
Cass	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Cass	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Cass	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Cass	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0		All Formulary Drugs	
Cass	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cass	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Cass	SecureHorizons	MedicareComplete Plus Plan 1 (H2803-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
	OCCUPATION TO THE OTHER OF THE OTHER		20001111110	Ψ0.00	Ψ0.00	ΨΟ		1	_

				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	7.7
Cass	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Oncrea in the oup	Paymonts
<b>5</b> 400	0000101101120110	Goodier ionzone wedicarebitest tot 1 ian 62 (112 100 010)	1110	Ψ0.00	ψ0.00	ΨΟ	Limanood		
Cass	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Cass	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Cass	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cass	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Cass	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Cass	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Cass	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Cass	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	
Cedar	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00	Ψ20:20	Ψ.	211110111000		
Cedar	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Cedar	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		
Cedar	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		· •
Cedar	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		
Cedar Cedar	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0		All Formulary Drugs	
Jedar	Blue Cross and Blue Shleid of Nebraska	invedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	20	Ennanced	All Formulary Drugs	
Cedar	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		
Cedar	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		
Cedar	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		<u> </u>
Jeuai	Secure ionzons	Securer folizons inedicatebilect (XX Fian 30 (Fiz-400-001)	1113	ψ0.00	ψ0.00	ΨΟ	Lillanced		•
Cedar	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Cedar	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Cedar	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cedar	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Cedar	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Cedar	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		
Cedar	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	ψιιισσ	Ψ.	21111011000		
Cedar	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	
Chase	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic	Generies	-
Chase	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		<u> </u>
Chase	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		· •
Chase	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Jilase	Dide Closs and Dide Shield of Nebraska	Medicarebide 11 O Efficience 1 lds 10x 3 (10300-000)	Regionari i O	ψ179.70	ψ101.20	ΨΟ	Lillanced	All I officially brugs	,
Chase	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Chase	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Chase	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Chase	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Chase	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Chase	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	4====				
Chase	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Chase	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		
Chase	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	Ψ10.00	ΨΟ	Elinanoca		_
Chase	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	
Cherry	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	Ψ20.20	ΨΟ	Lilianoca	Generics	
Cherry	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		
Cherry	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic	<del> </del>	<b>-</b>
		MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)			\$15.40	\$200			Image: Control of the
Cherry	Blue Cross and Blue Shield of Nebraska Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)  MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO Regional PPO	\$91.70 \$179.70	\$29.80	\$0 \$0	Enhanced	All Formulary Drugs	
Cherry	Diue Cross and Diue Snield of Nedraska	ivieulcareblue PPO Efficienced Plus RX 3 (R5566-008)	Regional PPO	\$179.70	φ101.∠0	20	⊏nnanced	All Formulary Drugs	1
Cherry	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		
Cherry	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced	1	<u> </u>
Cherry	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		· •
-11-11 y	Occurs ionzons	Cook of for Zorio Micalcare Diffect (X 1 Iail 50 (112400-001)	1 '''	ψυ.υυ	ψ0.00	ΨΟ	Limanoeu		ı •

* Indicates plan do	es not offer Part D drug coverage.								
				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Cherry	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Cherry	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Cherry	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cherry	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Cherry	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Cherry	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Cherry	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Cherry	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Cheyenne	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Cheyenne	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Cheyenne	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Cheyenne	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Cheyenne	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Cheyenne	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Cheyenne	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cheyenne	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Cheyenne	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cheyenne	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Cheyenne	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Cheyenne	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cheyenne	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Cheyenne	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Cheyenne	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Cheyenne	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Chevenne	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Clay	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Clay	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Clay	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Clay	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Clay	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Clay	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Clay	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Clay	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Clay	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Clay	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Clay	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Clay	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Clay	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Clay	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Clay	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Clay	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Colfax	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00				1	
Colfax	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Colfax	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Colfax	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Colfax	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Colfax	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Colfax	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•

muicales plan u	oes not offer Part D drug coverage.								011
				Monthly					Offers
				Consolidated			_		Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
_			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Colfax	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Colfax	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Colfax	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Colfax	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Colfax	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Colfax	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Colfax	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Colfax	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Colfax	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Cuming	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Cuming	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Cuming	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Cuming	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Cuming	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Cuming	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0		All Formulary Drugs	
Cuming	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cuming	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Cuming	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Cuming	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Cuming	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Cuming	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cuming	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Cuming	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Cumina	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Cumina	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Cuming	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Custer	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		
Custer	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Custer	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Custer	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Custer	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Custer	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Custer	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Custer	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00	-		-		
Custer	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Custer	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	Ψ=3.70	Ψ.00			
Custer	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Custer	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Custer	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	ψ10.00	ΨU	Limanoca		
Custer	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (10340-029)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Dakota	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00	ψευ.ευ	ΨΟ	Limanceu	Goliolio	<u> </u>
Dakota	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00	<del>                                     </del>		<del>                                     </del>		
Dakota	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Dakota	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Dakota	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$205	Enhanced		•
Dakota Dakota	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-008)	Regional PPO	\$179.70	\$29.80	\$0 \$0		All Formulary Drugs	•
		<u> </u>		ļ	<u> </u>				ļ
Dakota	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dakota	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•

				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Dakota	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dakota	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Dakota	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Dakota	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dakota	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Dakota	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Dakota	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Dakota	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Dakota	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Dawes	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Dawes	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Dawes	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Dawes	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Dawes	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Dawes	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Dawes	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dawes	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Dawes	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dawes	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Dawes	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Dawes	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dawes	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	4====	Ţ.,			
Dawes	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Dawes	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Dawes	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	ψσ	Ψ0	21111011000		
Dawes	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Dawson	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Dawson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Dawson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Dawson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Dawson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Dawson	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dawson	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Dawson	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dawson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00	<del>                                     </del>				
Dawson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Dawson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dawson	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Dawson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Dawson	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Dawson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	Ţ <b>u</b>	7.			
Dawson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Deuel	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Deuel	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Deuel	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Deuel	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Deuel	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Deuel	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
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indicates plan d	oes not offer Part D drug coverage.								011
				Monthly					Offers
				Consolidated			_		Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
Deuel	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Deuel	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Deuel	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Deuel	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Deuel	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Deuel	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Deuel	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Deuel	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Deuel	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Deuel	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Deuel	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Dixon	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Dixon	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Dixon	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Dixon	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Dixon	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Dixon	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
		, ,		·					
Dixon	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dixon	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Dixon	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
21.011	0000101101120110			ψο.σσ	φοισσ	Ψο	2		
Dixon	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Dixon	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Dixon	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dixon	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Dixon	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Dixon	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Dixon	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	*******	**			
Dixon	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Dodge	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	<b>\$20</b>	Ψö	21111011000	Cononido	
Dodge	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Dodge	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Dodge	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Dodge	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	_
Dougo	Blad Grood and Blad Chilola of Nobradika	modical oblide 11 o Emilianou 1 lao 100 o (10000 000)	rtogionari	Ψ170.70	Ψ101.20	ΨΟ	Limanooa	7 iii 1 oimididi y Drage	
Dodge	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dodge	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Dodge	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Douge	Geculei Idii20113	Secure ronzons medicarebilect (X 1 lan 32 (112400-013)	1113	Ψ0.00	Ψ0.00	ΨΟ	Lillanced		
Dodge	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00			<del>                                     </del>	1	
Dodge	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00			1		
Dodge	Sterling Life Insurance Company  Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	\$20.70	\$100	Lilianceu		•
Dodge			PFFS *						
Douglas	Advantra® Freedom	Freedom 3 (H0846-006)		\$0.00	C1C 1C	₽00E	Dania	<del>                                     </del>	
Douglas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic	<del>                                     </del>	•
Douglas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		
Douglas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced	All Formulas D	•
Douglas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
<b>.</b> .			DEEO	<b>*</b> 0.00	00.00	00	<del> </del>	1	
Douglas	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Douglas	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Douglas	SecureHorizons	MedicareComplete Essential Plan 1 (H2802-004)	Local HMO *	\$0.00					I

^ Indicates plan do	oes not offer Part D drug coverage.			Manadala					055
				Monthly					Offers
				Consolidated	Manadala	A	Down	T	Variable
			Town of Madiana	Premium	Monthly	Annual	Drug	Type of	Drug
		DI N	Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	<del>                                     </del>
Douglas	SecureHorizons	MedicareComplete Plan 1 (H2802-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Douglas	SecureHorizons	MedicareComplete Plus Plan 1 (H2803-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Douglas	SecureHorizons	MedicareComplete Plus Plan 2 (H2803-005)	Local HMO *	\$0.00					
Douglas	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Douglas	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Douglas	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Douglas	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Dundy	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Dundy	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Dundy	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Dundy	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Dundy	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	i
Dundy	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dundy	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Dundy	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00	<b>*</b>	7-			
Dundy	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dundy	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	Ψ20.70	Ψ100	Limanoca		<del></del>
Dundy	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Dundy	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Dundy	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	ψ10.50	ΨΟ	Lilianceu		-
Dundy	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Fillmore	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	Φ20.2U	φυ	Ennanced	Genencs	<u> </u>
	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		
Fillmore	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30 \$75.90	\$15.40	\$265	Basic		•
Fillmore	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)							•
Fillmore			Regional PPO	\$91.70 \$179.70	\$29.80	\$0 \$0	Enhanced	All Cormulary Drugge	•
Fillmore	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	1
Fillmore	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Fillmore	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Fillmore	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Fillmore	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Fillmore	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Fillmore	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Fillmore	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	•				
Fillmore	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Fillmore	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Fillmore	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	<b>*</b> * * * * * * * * * * * * * * * * * *	7-			
Fillmore	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Franklin	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	<b>\$20.20</b>			55.15.155	<del>-</del>
Franklin	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Franklin	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic	<b>+</b>	•
Franklin	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Franklin	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0		All Formulary Drugs	
Franklin	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Franklin	Humana Insurance Company Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced	<del> </del>	
		1	PFFS *	\$20.00	φ∠0.00	φ∪	Ennanced	<del> </del>	•
Franklin	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *		<del>                                     </del>	<del>                                     </del>	1	<b></b>	<del>                                     </del>
Franklin	Sterling Life Insurance Company	Sterling Option I (H5006-011)		\$9.00	000.70	0400	<del> </del>	<del> </del>	<del>                                     </del>
Franklin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced	<del> </del>	•
Franklin	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00		ļ			<b></b>
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					<u></u>

marcatoc plan at	oes not offer Part D drug coverage.			Manadala					066
				Monthly					Offers
				Consolidated	Manuallala	A	Down	T 6	Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Туре	Offered in the Gap	
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Franklin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Frontier	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Frontier	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Frontier	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Frontier	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	5
Frontier	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Frontier	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Frontier	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Frontier	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Frontier	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Frontier	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	<b>4</b> _0	<b>.</b>			
Frontier	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Frontier	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Frontier	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	Ψ10.00	Ψΰ	Emianoca		
Frontier	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	
Furnas	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00	Ψ20.20	ΨΟ	Lillancea	Generies	
Furnas	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Furnas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		
Furnas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70		\$205	Enhanced		
Furnas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$179.70	\$29.80 \$101.20	\$0		All Cormulary Drugg	•
Furnas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Ennanced Plus RX 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Ennanced	All Formulary Drugs	
Furnas	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Furnas	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Furnas	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Furnas	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Furnas	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Furnas	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		
Furnas	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	Ψ20.10	ψ.σσ	21111011000		
Furnas	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Furnas	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		
Furnas	Unicare Life & Health Ins. Company	Security Choice Enhanced (H0540-010)	PFFS *	\$25.00	Ψ11.00	Ψΰ	Limanoca		,
Furnas	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Gage	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00	Ψ20.70	ΨΟ	Lillancea	Generies	
Gage	Advantra® Freedom Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Gage	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		_
Gage Gage	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic	<del> </del>	
Gage Gage	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$205	Enhanced	<del> </del>	<b>⊢:</b>
Gage Gage	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0		All Formulary Drugs	
Gage		,	· ·			, ,		All I officially Drugs	•
Gage	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Gage	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Gage	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Gage	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Gage	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	\$10.30	\$10.30	\$265	Basic		
Gage	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Gage	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Gage	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00			1	İ	1

indicates plan d	oes not offer Part D drug coverage.			Manalala					055
				Monthly					Offers
				Consolidated	Manadala	A	D	T 6	Variable
			Town of Madiana	Premium	Monthly	Annual	Drug	Type of	Drug
		a	Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Gage	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Gage	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Gage	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Gage	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Garden	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Garden	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Garden	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Garden	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	1
Garden	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Garden	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Garden	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Garden	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Garden	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Garden	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Garden	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Garden	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Garden	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	***************************************	**			
Garden	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Garfield	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00	Ψ20.20	ΨΟ	Elinarioca	Cononido	<u> </u>
Garfield	Advantra® Freedom  Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Garfield	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		
Garfield	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		
Garfield	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		
Garfield	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Garfield	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Garfield	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		
Garfield	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00	Ψ20.00	Ψ°	21111011000		<u> </u>
Garfield	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					<del> </del>
Garfield	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Garfield	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	\$20.70	\$100	Ellianceu		-
Garfield	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
		SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Fahanaad		
Garfield	Unicare Life & Health Ins. Company				\$11.00	\$0	Enhanced		•
Garfield	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	<b>#</b> 00 <b>7</b> 0		<u> </u>	Commission	1
Garfield	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Gosper	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Gosper	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Gosper	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		<u> </u>
Gosper	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic	1	•
Gosper	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced	1	•
Gosper	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	j
Gosper	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Gosper	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Gosper	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Gosper	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Gosper	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Gosper	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Gosper	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Gosper	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Gosper	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•

maicates plan de	oes not offer Part D drug coverage.								011
				Monthly					Offers
				Consolidated			_		Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Gosper	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Gosper	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Grant	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Grant	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Grant	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Grant	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Grant	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Grant	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Grant	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Grant	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Grant	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Grant	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Grant	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	7-30	7.00			
Grant	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Grant	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Grant	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	ψ10.00	ΨΟ	Limancca		
Grant	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Greeley	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00	Ψ20.20	ΨΟ	Limancca	GCHCHGS	-
Greeley	Advantra® Freedom Advantra® Freedom	Freedom 1 (H0846-004)	PFFS*	\$98.00					
	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO		\$16.40	\$265	Basic		•
Greeley	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)  MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$33.30 \$75.90	\$15.40	\$265	Basic		
Greeley	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90		\$200	Enhanced		•
Greeley					\$29.80			All F	•
Greeley	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Greeley	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Greeley	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		
Greeley	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00	\$20.00	ΦU	Ellianced		•
	Sterling Life Insurance Company		PFFS *	\$9.00					
Greeley		Sterling Option I (H5006-011)			<b>#00.70</b>	<b>#</b> 400	Falsassad	-	
Greeley	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Greeley	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Greeley	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00	<b>* * * * * * * * * *</b>				
Greeley	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Greeley	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00				ļ.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Greeley	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Hall	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	4				
Hall	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hall	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Hall	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Hall	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Hall	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hall	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hall	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hall	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Hall	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Hall	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hall	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Hall	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Hall	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Hall	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	ψ.σ.σο	Ψ0			
Hall	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•

				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
-lamilton	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	11011114111	Doudoning	.,,,,,	onorou m mo oup	paymonto
Hamilton	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hamilton	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Hamilton	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Hamilton	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
iamillon	Bide Closs and Bide Officia of Nebraska	MedicaleBide 11 O Elinanced 1 ids 10x 3 (103000-000)	Regional 110	ψ173.70	\$101.20	ΨΟ	Lillanced	All I officially brugs	
Hamilton	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hamilton	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hamilton	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
idiliiitoi i	Goodierienzone	Cooling to the and an object to the time of the too out)	1110	Ψ0.00	ψ0.00	ΨΟ	Limanood		
Hamilton	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Hamilton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hamilton	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	Ψ20.70	Ψισσ	Elinanoca		-
Hamilton	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Hamilton	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Hamilton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	\$10.50	ΦΟ	Ellianceu		•
			PFFS		\$28.20	ΦO	Fahanaad	Generics	
Hamilton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)		\$91.00		\$0	Enhanced	Generics	•
Harlan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Harlan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Harlan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Harlan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Harlan	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Harlan	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Harlan	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Harlan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Harlan	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Harlan	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Harlan	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Harlan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	Ψ10.00	ΨΟ	Emilanoca		•
Harlan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (10340-029)  SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Hayes	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS*	\$0.00	Ψ20.20	ΨΟ	Lilianceu	Generics	•
Hayes	Advantra® Freedom Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Hayes	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		
Hayes	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$203	Enhanced		•
Hayes								All Cormulary Drugo	•
Hayes	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Hayes	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hayes	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hayes	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Hayes	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Hayes	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hayes	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Hayes	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Hayes	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Hayes	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	ψ.1.00	ΨΟ	Limanocu		
Hayes	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
			PFFS *		φ∠6./∪	φU	Ennanced	Geneurs	•
Hitchcock	Advantra® Freedom	Freedom 3 (H0846-006)		\$0.00	040.40	0005	B		
Hitchcock	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hitchcock	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced	1	•
Hitchcock Hitchcock	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	

indicates plan do	pes not offer Part D drug coverage.			Monthly					Offers
				Monthly					
				Consolidated	Manadala	A	D	T	Variable
			T (14 !!	Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Туре	Offered in the Gap	
Hitchcock	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hitchcock	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hitchcock	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Hitchcock	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Hitchcock	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hitchcock	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Hitchcock	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Hitchcock	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Hitchcock	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Hitchcock	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Holt	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Holt	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Holt	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Holt	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Holt	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Holt	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Holt	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Holt	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Holt	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Holt	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Holt	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Holt	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	ψ.σ.σσ	Ų.	21111011000		
Holt	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Hooker	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00	Ψ20.20	Ψΰ	Limanoca	Generies	<del></del>
Hooker	Advantra® Freedom Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Hooker	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hooker	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		
Hooker	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		
Hooker	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Hookei	blue Cross and blue Shield of Nepraska	Medicareblue PPO Elifianced Plus Rx 3 (R5500-000)	Regional PPO	\$179.70	\$101.20	Φ0	Ennanced	All Formulary Drugs	
Hooker	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hooker	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hooker	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hooker	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Hooker	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Hooker	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hooker	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Hooker	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Hooker	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Hooker	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	T			1	
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					<del>                                     </del>		<del> </del>		<del>                                     </del>
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indicates plan do	bes not offer Part D drug coverage.			Monthly					Offers
				Monthly					
				Consolidated	Manuallala	A	Down	T 6	Variable
			Tomas of Marillanes	Premium	Monthly	Annual	Drug	Type of	Drug
	0 1 11 11	DI N	Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Howard	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Howard	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Howard	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Howard	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Jefferson	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Jefferson	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Jefferson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Jefferson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Jefferson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Jefferson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Jefferson	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Jefferson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00			1		
Jefferson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Jefferson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Jefferson	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	Ψ20.70	ψισσ	Emianoca		
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Classic (10340-001) SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	Ψ11.00	ΨΟ	Lillanceu		-
Jefferson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Johnson	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS*	\$0.00	\$20.70	ΦU	Ennanceu	Genenics	•
	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		
Johnson Johnson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO Regional PPO	\$33.30 \$75.90	\$15.40	\$265	Basic		•
	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	- 3					-	
Johnson		MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)  MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO Regional PPO	\$91.70 \$179.70	\$29.80 \$101.20	\$0 \$0	Enhanced	All Formulary Drugs	•
Johnson	Blue Cross and Blue Shield of Nebraska	,	Ü	•	* -	•	Enhanced	All Formulary Drugs	
Johnson	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Johnson	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Johnson	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Johnson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Johnson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Johnson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Johnson	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Johnson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Johnson	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Johnson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Johnson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Kearney	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Kearney	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Kearney	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Kearney	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Kearney	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Kearney	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0		All Formulary Drugs	-
Kearney	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kearney	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		
Kearney	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$20.00	\$0.00	\$0	Enhanced		•
		,		***	ψυ.υυ	Ψυ	Limanceu		•
Kearney	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Kearney	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00	1	1	1		I

	es not offer Part D drug coverage.			Manadala					066
				Monthly					Offers
				Consolidated				<b>-</b> .	Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	<del>                                     </del>
Kearney	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Kearney	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Kearney	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Kearney	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Kearney	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					ļ
Kearney	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Keith	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Keith	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Keith	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Keith	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Keith	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	,
Keith	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced	1	•
Keith	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced	1	•
Keith	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	1	•
	5553.5.15.125.15			\$3.00	\$5.00	-		1	
Keith	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					<del> </del>
Keith	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					<del> </del>
Keith	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		
Keith	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	Ψ20.70	ψιου	Lilianoca		<del></del>
Keith	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00			1		
Keith	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Keith		SecurityChoice Plus (H0540-021) SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	\$18.50	\$0	Ennanced		<u> </u>
	Unicare Life & Health Ins. Company Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$60.00	\$28.20	\$0	Enhanced	Comorino	<del> </del>
Keith		, , ,			\$28.20	\$0	Ennanced	Generics	•
Keya Paha	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					<del> </del>
Keya Paha	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					<b></b>
Keya Paha	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Keya Paha	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Keya Paha	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Keya Paha	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	1
Keya Paha	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Keya Paha	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Keya Paha	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Keya Paha	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Keya Paha	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00			İ		
Keya Paha	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Keya Paha	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	Ψ20.7 0	ψ.σσ	2		
Keya Paha	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					<del> </del>
Keya Paha	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced	<b> </b>	•
Keya Paha	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	ψ11.00	Ψυ	Limanced	<del> </del>	<del>                                     </del>
Keya Paha	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Kimball	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic	Genenca	•
	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$33.30 \$75.90	\$15.40	\$265			-
Kimball							Basic	<b>_</b>	•
Kimball	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced	All Cormultation	•
Kimball	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0		All Formulary Drugs	
Kimball	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kimball	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Kimball	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kimball	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					1
Kimball	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00	<del> </del>	t	<b>†</b>	<del> </del>	<del>                                     </del>

	es not offer Part D drug coverage.			Monthly					Offers
				Monthly Consolidated					Offers Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible		Offered in the Gap	
County Kimball	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Type Enhanced	Offered in the Gap	
	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	\$20.70	\$100	Ennanceu		•
Kimball Kimball			PFFS *						
Kimball	Unicare Life & Health Ins. Company Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012) SecurityChoice Plus (H0540-021)	PFFS	\$35.00 \$46.00	\$18.50	\$0	Enhanced		
Kimball	Unicare Life & Health Ins. Company	SecurityChoice Ends (H0540-021) SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	\$10.50	ΦU	Ellianced		•
Kimball	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	_
Knox	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00	\$20.20	ΦΟ	Efficien	Genetics	•
Knox	Advantra® Freedom Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Knox	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Knox	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		
Knox	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$29.80	\$205	Enhanced		•
Knox	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	•
KNOX	Blue Cross and Blue Shleid of Nebraska	iviedicareBlue PPO Ennanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Ennanced	All Formulary Drugs	
Knox	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Knox	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Knox	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Knox	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Knox	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Knox	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Knox	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Knox	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Knox	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Knox	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Lancaster	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Lancaster	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Lancaster	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Lancaster	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Lancaster	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Lancaster	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lancaster	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Lancaster	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lancaster	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Lancaster	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00			İ		
Lancaster	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lancaster	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	<b>4</b> _0	4.00			
Lancaster	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Lancaster	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Lancaster	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	***************************************	**			
Lancaster	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Lincoln	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Lincoln	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Lincoln	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Lincoln	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced	1	•
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced	<u> </u>	•
Lincoln	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00	Ψ20.00	ΨU	Limanoca	<u> </u>	<del>-</del>
Lincoln	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced	<del>                                     </del>	•
Lincoln	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	Ψ20.70	ψ100	Lillanceu		<u> </u>
Logan	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00			<del>                                     </del>	<del> </del>	<del>                                     </del>
Logan	Advantra® Freedom Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00			<del>                                     </del>	<del>                                     </del>	
Logan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic	+	

				NA Ale I					066
				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
_ogan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
_ogan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
_ogan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
_ogan	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
_ogan	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
_ogan	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
_ogan	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
_ogan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
_ogan	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	Ψ20.70	Ψίου	Emilanood		
_ogan	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
_ogan	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
_ogan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	\$11.00	φυ	Ellianceu		•
	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
_ogan	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00	\$28.70	\$0	Ennanced	Generics	•
_oup		,		\$98.00					
_oup	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *		<b>D</b> 10.10	<b>#</b>	<u> </u>		
_oup	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
_oup	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
_oup	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
_oup	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
_oup	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
_oup	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
_oup	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
_oup	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
_oup	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
_oup	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
_oup	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
_oup	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
_oup	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
_oup	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
_oup	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Madison	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Madison	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Madison	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Madison	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Madison	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Madison	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Madison	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Madison	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Madison	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Madison	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Madison	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Madison	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Madison	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Madison	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Madison	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	Ţ <b>y</b>	T-			
Madison									
Madison Madison	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•

indicates plan do	es not offer Part D drug coverage.			Manalala					055
				Monthly					Offers
				Consolidated	Manuallala		D	T of	Variable
			Town of Madiana	Premium	Monthly	Annual	Drug	Type of	Drug
		DI N	Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
McPherson	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
McPherson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
McPherson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
McPherson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
McPherson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
McPherson	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
McPherson	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
McPherson	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
McPherson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
McPherson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
McPherson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
McPherson	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
McPherson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
McPherson	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
McPherson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
McPherson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Merrick	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS*	\$0.00					
Merrick	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Merrick	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Merrick	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Merrick	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Merrick	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Merrick	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		<del></del>
Merrick	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Merrick	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					<del>                                     </del>
Merrick	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Merrick	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Merrick	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	4====	*****			
Merrick	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Merrick	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Merrick	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Merrick	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Morrill	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00	4====	**			
Morrill	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Morrill	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic	1	•
Morrill	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic	1	•
Morrill	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Morrill	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Morrill	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Morrill	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Morrill	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Morrill	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Morrill	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Morrill	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Morrill	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00		1			
Morrill	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00		1			
Morrill	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Morrill	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	Ţ <b>J</b>				

				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Morrill	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	Payments
Nance	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic	Generics	•
Nance	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Nance	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Nance	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Nance	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Ennanced	All Fulfillulary Drugs	1
Manaa	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		_
Nance			PFFS	\$20.00	\$20.00	\$0 \$0	Enhanced		•
Nance Nance	Humana Insurance Company SecureHorizons	Humana Gold Choice PFFS H1804-210 (H1804-210)  SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$20.00	\$0.00	\$0	Enhanced		•
vance	Securenonzons	SecureHorizons MedicareDirect RX Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Ennanced		•
Nance	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Nance	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Nance	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Nance	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Nance	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Nance	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	¥ 10100	7.			
Nance	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Nemaha	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Nemaha	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Nemaha	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Nemaha	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Vernana	Blac 01033 and Blac Officia of Nebrasika	Wedicare Blue 11 O Emilance a 1 las 10x o (10000 000)	regionari	ψ173.70	Ψ101.20	ΨΟ	Limanoca	All I officially brugs	
Nemaha	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Nemaha	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Nemaha	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Nemaha	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Nemaha	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Nemaha	Sterling Life Insurance Company	Sterling Option II (H5006-011)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Nemaha	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	φ20.70	\$100	Ellianceu		•
Nemaha	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Nemaha	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	\$10.50	φυ	Ennanced		•
Nemaha Nemaha	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
		MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO					Genencs	
Nuckolls Nuckolls	Blue Cross and Blue Shield of Nebraska Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)  MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$33.30 \$75.90	\$16.40 \$15.40	\$265 \$265	Basic Basic		•
									_
Nuckolls	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced	All Cormulary Drugo	•
Nuckolls	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Nuckolls	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Nuckolls	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Nuckolls	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00		* -			
Nuckolls	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Nuckolls	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	<b>4</b> _0	4.00			
Nuckolls	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Nuckolls	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Nuckolls	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	ψ.3.00	¥0	anoou		
Nuckolls	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (10340-029)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	
Otoe	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS*	\$0.00	Ψ20.20	ΨΟ	Limanoca	23.101103	
Otoe	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		
Otoe	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Otoe	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
CALUE.									
Otoe	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	l

				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Otoe	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Otoe	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Otoe	SecureHorizons	MedicareComplete Plus Plan 1 (H2803-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Otoe	SecureHorizons	MedicareComplete Plus Plan 2 (H2803-006)	Local HMO *	\$0.00	Ψ0.00	ΨΟ	Limanoca		<del></del>
Otoe	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		
Olde	Geodiei ionzons	Decurer for 2013 Medical edirect 100 1 fait 32 (112400-013)	1113	Ψ0.00	Ψ0.00	ΨΟ	Lillanceu		'
Otoe	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					<del> </del>
Otoe	Sterling Life Insurance Company  Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		_
Otoe	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	\$20.70	\$100	Ellianceu		•
			PFFS *			1			<del> </del>
Otoe	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)		\$35.00	£40.50	60	Enhanced		
Otoe	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Otoe	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00			<u> </u>		
Otoe	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Pawnee	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Pawnee	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic	ļ	•
Pawnee	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Pawnee	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Pawnee	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	ذ
Pawnee	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pawnee	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Pawnee	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
	0000101101120110	Cookie in inclination of inclination (inclined to i)		φοισσ	ψ0.00	Ψ.	2		
Pawnee	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00		1			<del>                                     </del>
Pawnee	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					<del> </del>
Pawnee	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		
Pawnee	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	Ψ20.70	Ψ100	Lilianceu		
	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00	-	1			
Pawnee			PFFS	\$46.00	\$18.50	\$0	Falsan and		<u> </u>
Pawnee	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)			\$18.50	\$0	Enhanced		•
Pawnee	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	000.00	00			<u> </u>
Pawnee	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Perkins	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Perkins	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Perkins	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Perkins	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Perkins	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	ذ
									<u> </u>
Perkins	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Perkins	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Perkins	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Perkins	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00	İ				
Perkins	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced	İ	•
Perkins	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	+-50	Ţ.00		İ	1
Phelps	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00	t	1	1		<del>                                     </del>
Phelps	Advantra® Freedom Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					<del>                                     </del>
Phelps	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic	<b>+</b>	•
Phelps	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic	<del> </del>	
				\$75.90 \$91.70	\$15.40	\$205		<del> </del>	1
Phelps	Blue Cross and Blue Shield of Nebraska Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO Regional PPO	\$91.70	\$29.80	\$0 \$0	Enhanced	All Formulary Drugs	•
Phelps	Dide Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	•	φ101.20	Φυ	Ennanced	All Formulary Drugs	<u> </u>
Phelps	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Phelps	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Phelps	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
			1	Ψ0.00	Ψ0.00	J		1	1 -

				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Phelps	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Phelps	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Phelps	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Phelps	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Phelps	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Phelps	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Phelps	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Phelps	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Phelps	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Pierce	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Pierce	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Pierce	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Pierce	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Pierce	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0		All Formulary Drugs	
			1.59.0	<b></b>	7.020	<b>~</b> ~		Simulai ji Brugo	
Pierce	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pierce	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Pierce	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		-
i icioc	Secure ionzons	Decurer for zon's medical edirect fix 1 fair 52 (112400-015)	1113	Ψ0.00	ψ0.00	ΨΟ	Lillanceu		•
Pierce	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
	Sterling Life Insurance Company  Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pierce				\$28.70	\$28.70	\$100	Ennanced		•
Pierce	UniCare	Save Well - Plan III (H7289-003)	MSA *						
Pierce	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00	<b>010.50</b>				
Pierce	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Pierce	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Pierce	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Platte	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Platte	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Platte	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Platte	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Platte	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Platte	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Platte	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Platte	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
		, ,							
Platte	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Platte	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Platte	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Platte	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Platte	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Platte	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Platte	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Platte	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Polk	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	<del>+</del>	7.			
Polk	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Polk	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Polk	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Polk	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0		All Formulary Drugs	•
Polk	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Polk	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Polk	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		-
OIK	Occure ionzona	Occurs ionzons medicalebilest IX Fian 50 (12400-001)	1113	ψ0.00	ψυ.υυ	ΨΟ	Lillanceu		•

	s not offer Part D drug coverage.			Mandala					066
				Monthly					Offers
				Consolidated	Manathi	0	D	T of	Variable
			T (14 !!	Premium	Monthly	Annual	Drug	Type of	Drug
		DI N	Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Polk	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Polk	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Polk	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Polk	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Polk	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Polk	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Polk	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Polk	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Red Willow	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Red Willow	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Red Willow	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Red Willow	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Red Willow	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	;
Red Willow	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		
Red Willow	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		<u> </u>
Red Willow	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
		,	_	•	*	, ,			
Red Willow	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Red Willow	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Red Willow	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Richardson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Richardson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Richardson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Richardson	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Richardson	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		
Richardson	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		
Richardson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00	Ψ20.00	ΨΟ	Lillancea		<del></del>
Richardson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		
Richardson	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	Ψ20.70	Ψ100	Lillancea		
Richardson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Richardson	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		
Richardson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS*	\$60.00	\$10.50	φυ	Ellianceu		•
Richardson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	
	Advantra® Freedom		PFFS*		φ20.20	φυ	Ennanceu	Generics	•
Rock		Freedom 3 (H0846-006)  MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$0.00	<b>#</b> 40.40	<b>#</b> 005	Daria		
Rock	Blue Cross and Blue Shield of Nebraska			\$33.30	\$16.40	\$265	Basic		•
Rock	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Rock	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced	All Famoulant D	•
Rock	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Rock	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Rock	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Rock	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Rock	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Rock	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Rock	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Rock	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	<del></del>	<del>-</del>			
Rock	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Rock	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		
Rock	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	¥.5.00	70			<u> </u>
110011			PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	
Rock	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	I PFFS						

* Indicates plan de	oes not offer Part D drug coverage.					1			
				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Saline	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Saline	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Saline	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Saline	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Saline	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Saline	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Saline	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Saline	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Saline	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Saline	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Saline	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	Ψ20.70	ψισσ	Limanoca		
Saline	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Saline	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Saline	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	ψ10.00	Ψΰ	Limanoca		
Saline	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Sarpy	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00	Ψ20.20	ΨΟ	Lillancea	Generies	<del></del>
Sarpy	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Sarpy	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		
Sarpy	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sarpy	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sarpy	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sarpy	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sarpy	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sarpy	SecureHorizons	MedicareComplete Plus Plan 1 (H2803-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Sarpy	SecureHorizons	MedicareComplete Plus Plan 2 (H2803-006)	Local HMO *	\$0.00					
Sarpy	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sarpy	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Sarpy	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Sarpy	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sarpy	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Saunders	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Saunders	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Saunders	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Saunders	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Saunders	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Saunders	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Saunders	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Saunders	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Saunders	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Saunders	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Saunders	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Saunders	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Scotts Bluff	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Scotts Bluff	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Scotts Bluff	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Scotts Bluff	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Scotts Bluff	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		

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				,					
				Consolidated	Manadala	A	D	T 6	Variable
			Type of Medicare Health Plan	Premium	Monthly	Annual	Drug	Type of	Drug
		·-		(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name  MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)		Part C + D)	Premium	Deductible	Туре	Offered in the Gap	payments
Scotts Bluff	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Ennanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Scotts Bluff	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Scotts Bluff	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Scotts Bluff	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Scotts Bluff	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Scotts Bluff	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Scotts Bluff	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Scotts Bluff	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Scotts Bluff	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Scotts Bluff	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Scotts Bluff	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Scotts Bluff	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Seward	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Seward	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Seward	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Seward	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Seward	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Seward	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
		, ,	<u> </u>		•	•		All I officially brugs	
Seward	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Seward	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Seward	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Seward	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Seward	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Seward	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Seward	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Seward	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Seward	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Seward	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Seward	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Sheridan	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Sheridan	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Sheridan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sheridan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sheridan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sheridan	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sheridan	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sheridan	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sheridan	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sheridan	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Sheridan	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00	İ				
Sheridan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sheridan	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	<del>+</del> =====	7			
Sheridan	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Sheridan	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Sheridan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	ψ11.00	ΨU	Limanoca	<u> </u>	
Sheridan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Sherman	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	Ψ20.70	ΨΟ	Lilianceu	Generies	
				. wo.oo	1	i		i	

maioatoo pian de	es not offer Part D drug coverage.								Offere
									Offers
			Type of Medicare Health Plan	Consolidated		A	Down	Tunn of	Variable Drug
				Premium	Monthly	Annual	Drug	Type of	
0	Olti No	Diam Name		(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name		Part C + D)	Premium	Deductible	Type	Offered in the Gap	
Sherman	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sherman	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sherman	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sherman	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sherman	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sherman	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Sherman	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Sherman	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sherman	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Sherman	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Sherman	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Sherman	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Sherman	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Sioux	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Sioux	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Sioux	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sioux	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sioux	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sioux	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sioux	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sioux	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		
Sioux	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sioux	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Sioux	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Sioux	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sioux	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Sioux	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Sioux	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Sioux	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	***************************************	**			
Sioux	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Stanton	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00	Ψ20.70	Ψΰ	Limanoca	Cononido	-
Stanton	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Stanton	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Stanton	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Stanton	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Stanton	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Stanton	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Stanton	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Stanton	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Stanton	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Stanton	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00	İ	1			
Stanton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Stanton	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00		1			
Stanton	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00		Ì			
Stanton	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Stanton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	<b>\$</b>	¥ ×			_
Stanton	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	
Statewide	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic	30005	•
Statewide	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic	<b>-</b>	•

	does not offer Part D drug coverage.		Monthly					Offers	
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug Co-
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
Statewide	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Statewide	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	,
					******	**		, ,	
Thayer	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Thayer	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Thayer	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Thayer	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Thayer	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		
Thayer	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Thayer	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		-
mayor	0000101101120110	Coodion on Early Modiodrophical TXT han 50 (TE 100 501)	1110	Ψ0.00	Ψ0.00	ΨΟ	Emianoca		
Thayer	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Thayer	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Thayer	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Thayer	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Thayer	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Thayer	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Thayer	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Thomas	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					L
Thomas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Thomas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Thomas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Thomas	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Thomas	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Thomas	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Thomas	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Thomas	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					<del></del>
Thomas	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		
Thomas	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	Ψ20.7 0	ψ.σσ	21111011000		
Thomas	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Thomas	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Thomas	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	4.0.00	**			
Thomas	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Thurston	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Thurston	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Thurston	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Thurston	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Thurston	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Thurston	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Thurston	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Thurston	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00		-			$\vdash$
Thurston	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Thurston	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Valley	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00			İ		
Valley	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Valley	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Valley	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Valley	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0		All Formulary Drugs	
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indicates plan do	oes not offer Part D drug coverage.		Monthly					Offers	
				Consolidated					Variable
					Monthly	Annual	Device	Time of	
			Type of Medicare	Premium	Drug		Drug Benefit	Type of Extra Coverage	Drug Co-
County	Organization Name	Plan Name	Health Plan	(Includes Part C + D)	Premium	Drug Deductible	Туре	Offered in the Gap	
County Valley	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Offered III the Gap	payments
Valley	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0			•
	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$20.00	\$20.00	\$0	Enhanced		•
Valley Valley	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
	ŭ i i	0 1 1	PFFS		\$28.70	£400	Fahanaad		
Valley	Sterling Life Insurance Company	Sterling Option II (H5006-010)	MSA *	\$28.70	\$28.70	\$100	Enhanced		•
Valley	UniCare	Save Well - Plan III (H7289-003)		\$0.00					
Valley	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00	<b>0.40.50</b>				
Valley	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Valley	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Valley	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Washington	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Washington	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Washington	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Washington	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Washington	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Washington	SecureHorizons	MedicareComplete Plus Plan 1 (H2803-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Washington	SecureHorizons	MedicareComplete Plus Plan 2 (H2803-006)	Local HMO *	\$0.00	ψ0.00	ΨΟ	Lilianoca		
Washington	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 52 (H2408-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Washington	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Washington	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Washington	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Washington	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	\$20.70	\$100	Ennanced		•
	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Washington		SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		
Washington	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00	\$10.50	ΦU	Ennanced		•
Washington	Unicare Life & Health Ins. Company	, ,			<b>#</b> 20.20	ΦO	Fahanaad	Conorios	
Washington	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS *	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Wayne	Advantra® Freedom	Freedom 2 (H0846-005)		\$0.00	<b>A</b> 0.00			Commission	
Wayne	Advantra® Freedom	Freedom 5 (H5227-001)	PFFS *	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Wayne	Advantra® Freedom	Freedom 1 (H0846-004)		\$98.00	£40.40	<b>\$005</b>	Di-		
Wayne	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Wayne	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Wayne	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Wayne	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Wayne	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Wayne	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Wayne	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Wayne	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00		<del>                                     </del>			
Wayne	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Wayne	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Wayne	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	<del>+</del> =====	7			
Wayne	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00			1	1	
Wayne	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced	1	•
Wayne	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	ψ11.00	ΨΟ			-
Wayne	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Webster	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic	Generies	•
Webster	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic	<del> </del>	•
Webster	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
vvenotei	Dide Closs and Dide Shield of Nebraska	Interical epide PPO Etilianiced Plus RX 2 (R5566-006)	Regional PPO	φ91./U	⊅∠ઝ.ο∪	ΦU	∟manced		•

				Monthly					Offers Variable Drug
				Consolidated					
				Premium	Monthly	Annual	Drug	Type of	
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Nebster	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	I
Vebster	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Nebster	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Nebster	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Nebster	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Nebster	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Nebster	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					
Webster	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
Nebster	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
Nebster	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•
Wheeler	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Wheeler	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Wheeler	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	\$80.00	\$21.80	\$265	Basic		
Wheeler	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Wheeler	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Wheeler	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Wheeler	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Wheeler	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Nheeler	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Nheeler	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					L
Nheeler	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					<u> </u>
Nheeler	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Nheeler	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					L
Nheeler	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					<u> </u>
Nheeler	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Nheeler	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					ĺ
Wheeler	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
York	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
York	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
York	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
York	Blue Cross and Blue Shield of Nebraska	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
York	Humana Insurance Company	Humana Gold Choice PFFS H1804-081 (H1804-081)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
York	Humana Insurance Company	Humana Gold Choice PFFS H1804-210 (H1804-210)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
York	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
York	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
York	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
York	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
York	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
York	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-012)	PFFS *	\$35.00					<u> </u>
York	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-021)	PFFS	\$46.00	\$18.50	\$0	Enhanced		•
York	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-029)	PFFS *	\$60.00					
York	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-033)	PFFS	\$91.00	\$28.20	\$0	Enhanced	Generics	•